



## SECTION 5 — HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? *(Read Veteran Statement below.)*

☐ I have served in the United States Military and I want to receive veteran benefits information.

## SECTION 6 — DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR?

- ☐ Yes, add my name to the donor registry.
- ☐ I do not wish to register at this time.
- ☐ \$2 voluntary contribution to support and promote organ and tissue donation.

Marking "Yes" adds your name to the Donate Life California Organ and Tissue Donor Registry and a pink 'donor' dot will appear on your license. If you wish to remove your name from the registry, you must contact Donate Life California (*see below*); DMV can remove the pink dot from your licenses but cannot remove you from the registry.

## SECTION 7 — CERTIFICATIONS AND IMPORTANT INFORMATION

- **Social Security Number Collection Disclosure** — You are required by law to provide your social security number or your Renewal by Mail application will be denied. Authority to collect the social security number is 42 U.S.C. 405 and California Vehicle Code §1653.5. It will be used in the administration of driver license laws and motor vehicle registration laws and to respond to requests for information from the Franchise Tax Board for tax administration and from any agency operating pursuant to 42 U.S.C. 601 et seq. It will be used to aid in the collection of monies owed in connection with failure to pay fines or failure to appear in court by an applicant, and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support, and/or Establishment of Paternity.
- **California state law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the DMV and requires you to pay a delinquent state tax obligation.**
- **Organ Donor Statement** — If you marked 'Yes' to register as an organ and tissue donor, you are legally authorizing the recovery of organs and tissues in the event of your death. Registering as a donor will not affect your medical treatment in any way. As outlined in the California Anatomical Gift Act, your authorization is legally binding and, unless the donor is under 18 years of age, your decision does not require the consent of any other person. For registered donors under 18 years of age, the legal guardian shall make the final donation decision. You may limit your donation to specific organs or tissues, place usage restrictions (for example transplantation or research), obtain more information about donation, or remove your name from the registry on the Internet Web site of Donate Life California: **[www.donateLIFCalifornia.org](http://www.donateLIFCalifornia.org)**.
- **Veteran Statement** — By marking the veteran box on this application, I certify that I am a veteran of the United States Armed Forces and that I want to receive veteran benefits information from the California Department of Veterans Affairs. By marking the veteran box on this application, I also consent to DMV transmitting my name and mailing address to the California Department of Veterans Affairs for this purpose only, and I certify that I have been notified that this transmittal will occur.
- **By signing this form, I am acknowledging my presence in the United States is authorized under federal law.**
- **Mailing Address** — I am the person whose name appears in Section 2 of this form. The mailing address shown is valid, existing, and accurate. I consent to receive service of process at this mailing address pursuant to §415.20(b), §415.30(a), and §416.90 of the Civil Procedure Code.
- **Advisory Statement** — The information required on this form pertains to eligibility under the Public Records Act. This information is a public record and is regularly used by law enforcement agencies and insurance companies. Access to address information is now restricted, and will be available to various authorized requesters for limited use. Individuals can obtain copies of their own information during regular office hours.

## SECTION 8 — SIGNATURE/PERJURY STATEMENT

**I have read, understand and agree with the certifications on this document. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE

X

DATE

## SECTION 9 — WHERE TO MAIL

The Renewal fee for an identification card is \$28.00, free for senior citizens (62 or older). If you marked the box to make a \$2 voluntary contribution to support and promote the Donate Life California organ and tissue donor registry, include the \$2 voluntary contribution with your check or money order made payable to DMV and mail this form to:

**DMV, Attn: Renewal By Mail Unit  
PO Box 942890  
Sacramento, CA 94290-0001**

(Please write your identification card number on the back of your payment document.)